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ABSTRACT

This paper identifies trends in the population of students with learning disabilities (LD) in the public schools and explores reasons for these trends. It notes that there has been a 198 percent increase in the number of children served as LD between 1976-77 and 1992-93 due to a lack of consensus on the definition of LD and school-level processes designed to identify and provide services to students. It contrasts the authoritative definition of LD produced by the National Advisory Committee on Handicapped Children with various school-level processes that foster straying from these specifications. It notes the large amount of subjectivity at each stage of the process, including the teacher referral, the assessment process, and eligibility deliberations. Other reasons for the expansion of the LD concept include the common practice of ignoring exclusionary criteria and eligibility based on assessments conducted at one point in time. The paper goes on to note curricular consequences of the resulting heterogeneity of the school-identified LD population. It finds an unhealthy schism between research and practice fueled in part by the discrepancy between school-identified and research-identified students with LD. It proposes refinement of categories and multiple assessments of student progress. (DB)

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LEARNING DISABILITIES AS OPERATIONALLY DEFINED BY SCHOOLS

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EXECUTIVE SUMMARY

Introduction

The population of students with learning disabilities (LD) has changed over the years as public schools have responded to societal and policy changes in ways that have affected both general and special education. Between 1976–77 and 1992–93, the number of children served as learning disabled (LD) nationwide increased by 198 percent (U.S. Department of Education, 1995). A lack of consensus on the definition of LD and school-level processes designed to identify and provide services to LD students yields a population of LD students that 1) includes a substantial proportion failing to meet criteria specified in the state education code and authoritative definitions (false positive LD cases); 2) fails to include a segment of students who meet criteria specified in the state education code (false negative LD cases); 3) varies considerably in the severity of the achievement deficits and other characteristics salient to the educational process across states, districts, and school buildings, and 4) reflects the perceptions of school-building personnel in terms of the students at that site most in need of, and likely to benefit from, the services available at that site.

Findings

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This chapter explores reasons for these trends in the LD population through an analysis and a discussion of the following issues:

- Continued utility of the present approach to defining LD

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- The subjective decision-making process involved in identifying and planning services for LD students at the school level
- The increasing practice by schools to ignore the "exclusionary criteria" (mental retardation and cultural impoverishment) in order to serve students in need
- The one-time assessment used to identify LD
- Curricular consequences of the heterogeneity of School-identified LD populations
- Next steps in the field

Authoritative Definition of Learning Disabilities

The authoritative definition of learning disabilities produced by the National Advisory Committee on Handicapped Children (1968) was adopted in the federal regulations prepared by the U.S. Office of Education (1977) defining LD (Mercer, Jordan, Allsopp, & Mercer, 1996).

> "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, or emotional disturbance, or of environmental, cultural, or economic disadvantage. (USOE, 1977, p. 65083)

We point out the degree to which the definition specifies what is included and what is excluded from LD. School-identified LD (SI LD) does not consistently follow these distinctions. This first step is important for understanding the trends in the number and nature of LD students being served and the differences between research-identified (RI) and school-identified (SI) perspectives. Research identifies students as qualifying for LD on the basis of specifications

found in the authoritative definition, whereas school practices involved in identifying LD students are based on a variety of factors that allow schools to stray away from these specifications.

The Process Guiding School Identification

The compendium of research findings comparing the two approaches suggests that more than half of SI LD children fail to meet the criteria employed in RI LD sampling and specified in federal regulations or state education codes (MacMillan et al., 1998). Academics tend to interpret the failure of the SI population of LD to perfectly match the RI population as an error by the schools. We contend that we cannot, and should not, disregard the SI LD population, because it is that SI LD population over which public policy issues have been raised. The only way to understand the SI LD population is to understand how public schools function and to acknowledge the various reasons that schools have for identifying individuals as LD.

Schools use various stages when identifying students as LD: referral by a general education teacher, prereferral intervention efforts implemented in the general education setting, formal assessment of the student, and, finally, eligibility and development of an IEP by a team. At each stage, clinical judgment introduces a degree of subjectivity that affects the ultimate eligibility decision. Further, the subjectivity present at each successive stage is additive.

Stage 1: The Importance of Teacher Referral

Ysseldyke and Algozzine (1983) noted years ago that the most important decision in the assignment of children to LD programs is the decision by the regular classroom teacher to refer. Zigmond (1993) echoed this sentiment:

> The referral is a signal that the teacher has reached the limits of his or her tolerance of individual differences, is no longer optimistic about his or her capacity to deal effectively

with a particular student in the context of the larger group, and no longer perceives that the student is teachable by him- or herself. (pp. 262-263)

The decisions made by a general education teacher to refer are influenced by factors beyond child characteristics. The extent to which a teacher is optimistic about his or her ability to successfully teach the child (i.e., the teacher's self-efficacy) enters into the decision. A teacher's decision to refer is also influenced by a comparison of a given child's academic performance with that of classmates or some absolute standard held by the teacher regarding "how well a grade 2 student should be reading." When a teacher makes decisions about a child's academic progress, he or she is using *subjective judgment* and *local norms*, as the child's performance is compared with that of classmates and grade peers (Bocian et al., 1999).

Stage 2: Assessment

To qualify for special education services, the child must qualify for one of the disability categories. MacMillan and Speece (1999) characterized this gate, the psychological assessment, as representing a cognitive paradigm intended to detect or document the existence of a within-child problem. In comparison to the referral stage, the assessment stage employs national norms. The use of "objective" evidence is a cornerstone of psychological assessment, and information from standardized tests is used.

On the basis of findings and extensive discussions with school personnel in several states, we conclude that the *concept* of LD used in the schools is not defined by psychometric profiles prescribed in legislation or employed by researchers. First, school personnel knowingly classify children with very low cognitive skills as LD, despite exclusionary criteria and a lack of required discrepancies. A second observation is that placement committee members are painfully aware that certain assessments are mandated by state regulations. Moreover, school personnel

dutifully, if unenthusiastically, comply with these regulations, although they see them as "necessary evils" that are part of the mandated process for getting services to children. In this same spirit, educators also employ "creative testing" to record a combination of numbers that justifies the LD classification. Thus, the subjectivity noted at the referral stage is exacerbated by the additional subjectivity that is introduced during the assessment stage.

Stage 3: Eligibility Deliberations

A committee ultimately determines whether a given child will be classified as LD after considering all the evidence brought to its attention. The IDEA specifically prescribes that a team decision must be made and specifies the role of the parent in this decision. These specifications make it clear that the psychometric profile alone cannot be used to determine eligibility—to do so would be out of compliance. Like the teacher at the referral stage, the team is permitted to exercise professional judgment, but it is a "collective judgment" rather than the individual judgment at the referral stage. Bocian et al. (1999) reasoned that the team decision regarding eligibility and "placement" is guided by the concept of profitability, which reflects the collective judgment on whether the specific special education services provided by the special education staff at that school site will or will not be beneficial to the child. These decisions are ultimately influenced by a wide range of contextual factors that involve high degrees of subjectivity.

A teacher hired to teach LD students is likely to encounter a very heterogeneous group of students identified as LD by the three-stage process described. However, the degree of heterogeneity and the nature of the LD students will vary as a function of the state in which they live and the school building in which they are employed. Local norms guide these decisions.

Ignoring Exclusionary Criteria

In addition to the decision-making process for placing students as LD, a number of developments have expanded the concept of LD and opened the door for increased identification. Increasingly, schools have opted to ignore the "exclusionary criteria" (mental retardation and cultural impoverishment) in order to serve students in need. This has been particularly true since changes in the definition of mental retardation have put more and more children into a gray area, those who meet the criteria for neither mental retardation nor LD. Passage of PL 94-142 almost imperceptibly reduced the stakes in making differential diagnoses—it took the pressure off public school personnel in their classification efforts. We contend that this is why school personnel today say that they know a child is mentally retarded but classify him or her as LD—because school personnel believe there is no upside to calling a child mentally retarded.

One-Time Assessment

The current process establishes a child as eligible on the basis of assessments conducted at one point in time (i.e., after referral and a failure to respond to prereferral interventions). This concept is based in part on the assumption that achievement deficits exhibited by students labeled LD are due to within-child, neurological factors. We see this as problematic in two ways. First, this process does not inform us about "why" the child's academic performance is low. For example, is it a function of poor instruction rather than neurological issues? A second concern with the current process derives from the fact that whether a child will exhibit the requisite "severe discrepancy" is, in part, a function of the age or grade level at which the assessment occurs. Requiring a discrepancy between achievement and intelligence has been characterized as a "wait and fail" method of classification because it usually requires several

years of schooling for a child before a sufficiently large discrepancy is documented to qualify as LD.

Curricular Consequences of the Heterogeneity of SI LD Populations

As long as special education and related services for LD students in our public schools absorb students with IQ scores between 70 and 85 as well as those with scores even below 70, serious issues remain to be addressed in the area of curriculum modification. As such, LD is currently operationally defined in the public schools as absolute low achievement, not necessarily discrepant from aptitude and not necessarily excluding cases ostensibly owing to mental retardation or circumstances suggesting disadvantage of either a sociolinguistic or an instructional nature. We argue that to the extent treatment is linked to labels, we must be concerned.

Next Steps: Where Are We Now and Where Might We Go?

The "concept" of LD used by the schools deviates markedly from the original concept of LD articulated in authoritative definitions. Today, we find children classified as LD who would more appropriately be classified as mentally retarded or emotionally disturbed if diagnostic criteria were applied rigorously. Any attempt to "fix" the LD definition and criteria that fails to consider the criteria for other judgmental categories and issues of comorbidity has limited potential. It is crucial to acknowledge the differences between urban and suburban schools and the implications of these differences for the educational process. The process prescribed under IDEA plays itself out in very different ways in different school districts. We must come to grips with the realities that school districts serve different populations of children, have differing resources to address problem learners, and make eligibility decisions in light of these different circumstances.

Conclusion

We urge the recognition of one reality driving the public schools' focus on planning for services. That is, they are going to continue serving those students they perceive to be most in need of help. At present, they are serving those most in need by using the LD category as the vehicle for providing the help they perceive as needed. Those whose professional interests reside with the traditional LD student would be well advised to acknowledge the educational needs of the non-traditional LD student. They should join forces with those who advocate for serving these "false-positive" LD children, advocate for their being served, and engage in a discussion with advocates for these non-traditional LD students to secure appropriate services for them while recognizing and acknowledging differing etiologies and presumably differing educational needs.

An unhealthy schism between research and practice is fueled, in part, by the discrepancy between SI and RI students with learning disabilities. Public school personnel perceive the research community as being out of touch, and the research community often views those in the public schools as uninformed. In truth, the research does not inform practice because the database derives from a population of "LD" students who only vaguely resemble school-identified "LD" students. We contend that the researchers studying subjects with LD and the practitioners serving students with LD do not agree on who is LD. As a result, research does not inform practice.

We favor increased refinement, or differentiation, of categories as opposed to "noncategorical categories." Toward that end, we argue that one-time assessments cannot make such distinctions because they tap static variables that are insensitive to such distinctions. Instead we advocate for multiple assessments of progress, using measures and scales sensitive to

change in response to interventions implemented with integrity. This change would require revisions in eligibility criteria aligning the new assessments with the primary concerns of the public schools.